

## DEFERRED DISPOSITION REQUEST FORM

**Mail to: Leon Valley Municipal Court 6400 El Verde Leon Valley, TX 78238, with a copy of your driver's license and current proof of insurance, or fax to 210-684-4476**

Citation #: \_\_\_\_\_

I hereby enter my plea of **No Contest**, waive my right to a jury trial, and request deferred disposition. I do not hold a commercial drivers license. I understand if my request is approved, I will be placed on probation for a period up to 180 days, I will be assessed fees of \$198.00 - \$375.00 which will be due within two weeks of my approval notification, and I will be required to appear at the end for a review hearing. In addition, if I am under the age of 25 I will also be required to complete a driving safety course. Other conditions may be ordered at the judge's discretion.

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

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### FOR COURT USE ONLY

Age: \_\_\_\_\_ Verify DL: \_\_\_\_\_ Verify Insurance: \_\_\_\_\_ Record Check: \_\_\_\_\_

***The Defendant's Request for Deferred Disposition is: \*\*\*APPROVED\*\*\****

The judgment in this case is deferred for \_\_\_\_\_ days.

Defendant must pay special expense fee of \$ \_\_\_\_\_

Due by \_\_\_\_\_ deferred will not start until payment is received and processed by the court staff.

\_\_\_\_\_  
Driving safety course required as a condition of deferral.

\_\_\_\_\_  
Community service required as a condition of deferral.

\_\_\_\_\_  
Maintain insurance/driver's license as a condition of deferral.

***The Defendant's Request for Deferred Disposition is: \*\*\*DENIED\*\*\****

The court finds the defendant guilty. Total amount owed is \$ \_\_\_\_\_.

Deferred disposition is NOT granted. Defendant must pay fine listed above within 30 calendar days. Failure to pay within 30 days will result in a \$25.00 time-payment fee added to the case.

City Prosecutor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Judge's Signature \_\_\_\_\_ Date: \_\_\_\_\_